



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

Si SECE V

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI **LOBBYIST** NAME(Last) (First) TELEPHONE (Middle) Seki Arthur 543-7987 MAILING ADDRESS (Street) FAX P. O. Box 2750 543-7519 (City) (State) (Zip Code) Honolulu Hawaii 96840-0001 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Electric Company, Inc.		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001
NAME OF PERSON RESPONSIBLE FOR	PREPARING ORGANIZATION'S EXPENDITURES S	TATEMENT TELEPHONE
Marcia Wright		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
	Agriculture	Education	Human Services	ХХ	Science, Technology & Economic Development		
XX	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs		Tourism & Recreation		
	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment		Transportation		
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management		Other: (indicate below)		
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
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	(Signature of Lobbyist)	(Date)	•		
PART V AUTHORIZATION	TO LOBBY				
NAME	Т	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Molly M. Egged		Secretary			
NAME OF ORGANIZATION (if applied	cable)	TELEPHONE	_		
Hawaiian Electric Company, Inc.		543-7728			
MAILING ADDRESS (Street)		FAX			
P. O. Box 2750		543-7523			
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96840-0001			
I hereby authorize the ab	ove - named person to engage	in lobbying activities on behalf of the undersigned.			
m	$m M_{\sim}$	1/31/05			
(Signature of Auth	orizing Office or Person Represented	(Date)			